SE NO. WARRANT OF ARREST - FELONY COMMONWEALTH OF VIRGINIA Va. Code § 19.2-71, -72 <u>GC15-4a</u> [x] General District Court [x] Criminal [ ] Traffic ACCUSED: [ ] Juvenile and Domestic Relations District Court Charlottesville BROCK, OUINCY LAMONT CITY OR COUNTY LAST NAME, FIRST NAME, MIDDLE NAME Jul 07, 2015 612 Ridge St. #3 TO ANY AUTHORIZED OFFICER: ADDRESS/LOCATION 10:00 AM You are hereby commanded in the name of the Commonwealth of Virginia forthwith to arrest and Hearing Date/Time Charlottesville, VA 22902 bring the Accused before this Court to answer the charge that the Accused, within this city or county, on or about 07/06/2015 did unlawfully and feloniously in violation of Section 4 COMPLETE DATA BELOW IF KNOWN WGT. EYES HAIR BORN RACE 18.2-248.1 MO. DAY YR. ... Code of Virginia: 05/23/1995 6' 00" 170 BRO BLK possess with the intent to sell, give, or distribute more than one-half ounce, but less than five pounds of marijuana. 229-73-2259 [ ] Commercial Driver's License A TIMOA O CLASS 4 EXECUTED by arresting the Accused named 10-15-15 above on this day 2218h SHERIFF I, the undersigned, have found probable cause to believe that the Accused committed the offense Attorney for the Accused: AMSON charged, based on the sworn statements of Short Offense Description (not a legal definition): Det. Pleasants, B. M. #312 CPD Complainant. MARIJUANA: PWI SELL/GIVE/DIST 1/2 oz - 5 lbs Offense Tracking Number: 540GM1500004524 07/06/2015 10:13 PM [X] MAGISTRATE JUDGE FOR ADMINISTRATIVE USE ONLY DATE AND TIME ISSUED Ruth Dalsky Virginia Crime Code: NAR-2 **DEFENDANT'S** 

EXHIBIT (2)

3:22CR1-000

**CCRE** is Required

FORM DC-312 (MASTER, PAGE ONE OF TWO) 10/13

# Case 3:22-cr-00001-NKM-JCH Document 213-1 Filed 12/12/22 Page 2 of 7 Pageid#: 1099

WAIVER OF PRELIMINARY HEARING	a series as a series of the series of	Offense Tracking Number:540	JGW11300004324
	amed in this warrant to determine whether there is probable cause to	Preliminary Hear	ring Costs
believe that I committed a felony AND, having the consequences of	my waiver explained to me by the Judge of this Court, I nevertheless		\$
WAIVE MY RIGHT TO A PRELIMINARY HEARING on the fel	ony charged in this warrant. Certified to the Circuit Court of this		
jurisdiction.	, ,	113 Court Reporter	
		113 Witness	
ACCUSED	. DATE		
		TOTAL	
ATTORNEY FOR ACCUSED  The Accused named within was brought before me or appeared this	I impose the following Disposition:	FINE	
day, and upon hearing the evidence, I order the case certified to the	[ ] FINE of \$ suspended		
grand jury of this jurisdiction, at its next term date, having found	TAIL CENTENCE of SO DAY C imposed	COSTS	#F-1
probable cause to believe that the Accused committed the felony	MAIL SENTENCE of 900AYS imposed,	461 FIXED MISD FEE	491
charged in this warrant.	[ ] of which days mandatory minimum, with suspended for a period	462 FIXED DRUG MISD FEE	139
	of, conditioned upon being of good behavior,	001 INT CRIM CHILD FEE	, 15 —
[.] I ORDER the accused discharged at preliminary hearing and the	keeping the peace, obeying this order and paying fines and costs.	113 WITNESS FEE	
charge is dismissed.	Credit is allowed pursuant to §.53.1-187 for time spent in confinement.	113. IGNITION INTERLOCK	
The Accused was this day: [] tried in absence [] present	[ ] Serve jail sentence beginning	113 DUI FEE	
	[ ] Work release [ ] authorized if eligible [ ] required	113	
PROSECUTING ATTORNEY PRESENT (NAME)	[ ] not authorized	<b>120</b> CT. APPT. ATTY	
DEFENDANT'S ATTORNEY PRESENT (NAME)	[ ] Public work force [ ] authorized [ ] not authorized [ ] on PROBATION for	121 TRIAL IN ABSENCE FEE	
[ ] NO ATTORNEY [ ] ATTORNEY WAIVED	[ ] VASAP [ ] local community-based probation agency	125 WEIGHING FEE	
[ ] Interpreter present [ ] Witnesses sworn	[ ] Monitoring by GPS/other tracking device	133 BLOOD TEST FEE	
[ ] Certified pursuant to § 19.2-190.1.	DRIVER'S LICENSE suspended for	137 TIME TO PAY	01
Plea of Accused: [ ] not guilty [ ] guilty [ ] nolo contendere	[ ] Restricted Driver's License per attached order	192 TRAUMA CENTER FEE	
[*] Plea voluntarily and intelligently entered after the defendant was apprised of his right against compulsory self-incrimination	[ ] Ignition interlock for		
and his right to confront the witnesses against him.	[ ] RESTITUTION of \$ due by	228 COURTHOUSE	3-
Plea and Recommendation	payable to the clerk on behalf of	CONSTRUCTION FEE	
And was TRIED and FOUND by me:	with interest thereon from	234 JAIL ADMISSION FEE	
ouilty guilty as charged guilty of S	[ ] DATE OF LOSS OR DAMAGE [ ] TODAY'S DATE . [ ] as condition of suspended sentence [ ] to be paid first	243 LOCAL TRAINING	
VCC NAR 3031 - MI	[ ] COMMUNITY SERVICE hours to be completed	ACADEMY FEE	***************************************
[ ] facts sufficient to find guilt but defer adjudication/	by and supervised by	244 COURTHOUSE	10/
disposition to	[ ] to be credited against fines and costs	SECURITY FEE	
DATE AND TIME	[ ] Contact prohibited between defendant and victim/victim's	OTHER (SPECIFY)	
and place accused on probation, §§ 4.1-305, 18.2-57.3,	family or household members	OTHER (SI BELL I)	***************************************
18.2-251 or 19.2-303.2.  [ ] A separate order for First Offender is attached and	[ ] Reimburse Commonwealth for investigatory medical fees		•••••
incorporated in this order.	Pay \$50 fee to the Court for Trauma Center Fund	aN	
incorporated in this order.	6 Other 6 MONDS OAR SUPERVISI	A	IM H (JF
DATE JUDGE	SCHOONING & WESTING AS MORESON	TOTAL	14
And was FOUND by me to be: [] carrying hazardous materials	Defendant may not possess or		174
[ ] driving a commercial motor vehicle	consume alcohol or any drug	[ ] Stay of the proceedings purs	mant to § 16.1-131.1
[ ] I ORDER a nolle prosequi on the prosecution's motion	not prescribed by a physician not prescribed by a physician		
[ ] I ORDER the charge dismissed [ ] with prejudice	DRIVER'S LICENSE/PRIVILEGE TO DRIVE IN VIRGINIA SUSPENDED	DATE	JUDGE
[ ] conditioned upon payment of costs and	EFFECTIVE IN 30 DAYS IF FINES, COSTS, FOREET LINES		
[ ] conditioned upon payment of costs and successful completion of [] traffic school and school are school at 1.5.1-69.48:1.	OR RESTITUTION ARE NOT PAID. Va. Code & 15		
mature driver school, § 16, f-69.48:1.  [] accord and satisfaction, § 19.2-151.	10/15/15 AHMIN		
[ ] under §§ 4.1-305, 18.2-57.3, 18.2-251 or 19.2-303.2.	DATE		
FORM DC-312 (MASTER, PAGE TWO OF TWO) 07/15			

B 05/23/1995 229-73-2259 67 00 170 BRO BLK  OME ADDRESS STREET CITY-TOWN STATE ZIP CODE RESIDENT OF CITY OR COUNTY 540-FIPS									, .							
AS ANDIOR NICHAMME    PACE   STATE   CHTRY   COL   STATE   CHTRY   CHTRY   COL   STATE   CHTRY   CHTRY			JINCY LAMONT			MID	DLE	•	. , śń				F.B.I. NUMBER		S.I.D. NUMBER	R
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CHV GEN DISTR COURT Fax:434-970-3387

### \*\* Transmit Conf.Report \*\*

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,	Comi		BATIC		RVEN- Jefferso	NTION on Area C	N ORDER	
In the □JDR/⊠	Gene	eral Dist	rict Court of	the County/C	ity of CHA	RLOTTE	SVILLE	
Docket # GC15	5004	221-00		Offens	e: POSSE	ESS MAF	RIJUANA	
Sentence:	_Def	erred Ju	dgment	Preconv	letion Pro	bation	Suspended Sentence v	vith
Jail: 90DMor	nths/	days wit	h	90D Month	s/days su	spended		
Name: BROCK	k, Ql	JINCY L	AMONT I	hone: 540-22	23-8043			
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by an OAR Pro Appropriate tr	ogram obation	n per VA on Office ent refer	Code 9.1-17 er at intake rais will be	3 et seq, 19.2- by utilizing a made upon c	validated completion	e.z-303.3 risk scre n of risk a complete	the OAR/Jefferson Area Com. All probationers will be as ening and assessment tool. ssessment all Probationer probation supervision, the ommendations AND the following the property of the property of the probation of the probati	rs are
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		0	Local Ar	rea VASAP:	James Riv Nam	er ASAP ne and numi	(434) 202-0504 ber of YASAP Office to contact	
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,		٥	☐ Cognitiv	e Behavioral F	rogrammi	ng/Moral I	Reconation Therapy as asses	sed
	•	Return t	o Court on _		at:_		to review compliance.	
	Ca	mmenter	R MONTHS	OAR SUPE	RVISION	SCREE	NING & TESTING AS NEC	ESSAF

DEF MAY NOT POSSESS OR CONSUME ALCOHOL OR ANY DRUG NOT PRESCRIBED BY A PHYSICIAN

## PROBATION INTERVENTION ORDER

Commonwealth of Virginia

OAR - Jefferson Area Community Corrections

n the □JDR/⊠General District Court of the County/City of CHARLOTTESVILLE
Docket # GC15004221-00 Offense: POSSESS MARIJUANA
Sentence: ☐Deferred Judgment ☐ Preconviction Probation ☐Suspended Sentence with
Jail: 90DMonths/days with 90D Months/days suspended
Name: BROCK, QUINCY LAMONT Phone: 540-223-8043
Mailing Address: Street Apt/Lot # City State Zip Code
Physical Address: 612 RIDGE ST #3, CHARLOTTESVILLE, VA 22902 Street Apt/Lot # City State Zip Code
The above individual has been placed under the <b>probation supervision</b> of the OAR/Jefferson Area Community Corrections Program per VA Code 9.1-173 et seq, 19.2-173 and 19.2-303.3. <u>All probationers will be assessed by an OAR Probation Officer at intake</u> by utilizing a validated risk screening and assessment tool. Appropriate treatment referrals will be made upon completion of risk assessment. <i>All Probationers are subject to alcohol and drug testing.</i> In order to successfully complete <u>probation supervision</u> , the probationer shall be of good behavior, compliant with assessment recommendations AND the following:
Complete hours of community service by
Make full restitution to: in the amount of \$ by     Victim information attached for OAR restitution processing
<ul> <li>The Probationer is to complete all appropriate assessments and/or evaluations as needed and to comply with all OAR supervision requirements, to include but not limited to:</li> </ul>
o Domestic Violence/Anger Management Intervention as assessed
o Drug and/or Alcohol Testing as appropriate
<ul> <li>Substance Abuse Assessment/Evaluation/Intervention as recommended</li> </ul>
o Local Area VASAP: James River ASAP (434) 202-0504  Name and number of VASAP Office to contact
o Mental Health Assessment/Evaluation/Intervention as recommended
<ul> <li>Cognitive Behavioral Programming/Moral Reconation Therapy as assessed</li> </ul>
Return to Court onat: to review compliance.
Comments:6 MONTHS OAR SUPERVISION, SCREENING & TESTING AS NECESSAR DEF MAY NOT POSSESS OR CONSUME ALCOHOL OR ANY DRUG NOT PRESCRIBED BY A PHYSICIAN
The defendant is ordered to contact the OAR/Jefferson Area Community Corrections Program at 750 Harris Street, Suite 207, Charlottesville, Virginia 22903; (434) 296-2441, WITHIN 72 HOURS OF THIS COURT ORDER.  Probationer's Signature:
Entered: 10/15/2015 Date  By  Judge/Clerk with permission of Judge

### PART I

If my driver's license has been suspended for failure to pay fines, costs, forfeiture, restitution, and/or penalty, I understand that I can avoid this suspension going into effect only if the court actually receives payment in full of such fines, costs, forfeiture, restitution and/or penalty by the effective date of this suspension and that I assume all risks in sending payment by mail. If payment in full is not received by the Court within 30 days of sentencing, the suspension goes into effect and my license must be surrendered to the Court by that date.

I understand that if I provide for payment of a fine or other monies due by a method other than cash and my payment fails, the clerk will send me a written notice of my failure of payment. A penalty of \$50.00 may be charged if the method of payment fails.

I further understand that, if I am convicted of driving while my driver's license is suspended or revoked, I may be fined, sentenced to jail, or both.

I understand that upon suspension or revocation of my license, I may not operate a motor vehicle in the Commonwealth of Virginia until:

- (1) All periods of suspension imposed by any Court or the Department of Motor Vehicles have expired, AND
- (2) I have paid all unpaid fines, costs, forfeiture, restitution, and/or penalty (if any) and the period of suspension (if any) has expired, AND
- (3) The Department of Motor Vehicles reinstates my license (if suspended) or issues a new license (if revoked) after:
  - (a) I have paid the reinstatement fee (if any) to the Department of Motor Vehicles, AND
  - (b) I have delivered a completed copy of the Driver's License Reinstatement Form, if my license was suspended for failure to pay fines, costs, forfeiture, restitution, penalty, and/or ASAP fee. I understand that I must obtain this form from the clerk's office of this Court or the Court where the case papers are filed, AND
  - (c) I have met all other administrative requirements of the Department of Motor Vehicles.

#### PART II

I understand that:

- the Court will assess a one-time \$10.00 fee to cover the costs of the installment, deferred payment or community service agreement;
- (2) as a condition of this agreement, I must promptly inform the Court of any change of my mailing address during the term of the agreement;
- (3) if the fines, costs, forfeiture, restitution, and/or penalty are not paid in full by the date ordered, that the Court shall proceed according to the provisions of Va. Code § 19.2-358, which state that a show cause summons or capias for my arrest may be issued;
- (4) the amount(s) listed in this agreement may be administratively amended by the Clerk of this Court in the event additional costs should be assessed and if additional costs are assessed, that the Clerk will forthwith issue a notice to me of the total amount due by first class mail to my address of record;
- (5) the Court or Clerk thereof may adjust the final payment date administratively, without further notice, for installment payment agreements, if I fail to make a scheduled payment or for deferred payments, if I fail to pay in full by the date ordered, for the purposes of referring the account for action pursuant to Va. Code § 19.2-358;
- (6) if the Court has ordered deferred or installment payments or community service, I must make all required payments or perform all community service on time and if I fail to make a scheduled payment or perform the ordered community service, my driver's license shall immediately be suspended forthwith pursuant to Va. Code § 46.2-395; and
- (7) upon notification by a court that my license has been suspended pursuant to Va. Code § 46.2-395, that the Commissioner of the Department of Motor Vehicles shall also suspend all of the registration certificates or license plates registered solely in my name and thereafter shall not issue any registration or license plates for any other vehicle that I seek to register solely in my name.

I further understand that if the court does not receive payments as ordered, my case will be referred for collection enforcement action under §§ 19.2-349, 19.2-353.5, 19.2-358, 46.2-395, or 58.1-520 through 58.1-534 of the Code of Virginia. If my case is referred for collection enforcement action under § 19.2-349, the amount that I owe and that can be collected will be increased to reflect the additional costs associated with collection action. If any part of the amount remains unpaid, pursuant to § 19.2-358, I may be subject to a jail sentence of up to 60 days or an additional fine of up to \$500.00.

GC15004221-00 ACKNOWLEDGMENT OF SUSPENSION OR Case no(s): Court date: 10/15/2015 REVOCATION OF DRIVER'S LICENSE Commonwealth of Virginia Va. Code §§ 19.2-354, 19.2-358, 46.2-395 [ ] Juvenile and Domestic Relations District Court CHARLOTTESVILLE GENERAL DISTRICT - CRIMINAL [x] General District Court CITY/COUNTY PO BOX 2677, 606 E MARKET. CHARLOTTESVILLE, VA 22902 COURT ADDRESS QUINCY LAMONT BROCK NAME OF DEFENDANT/JUVENILE 229732259 612 RIDGE ST #3, CHARLOTTESVILLE, VA 22902 RESIDENCE ADDRESS MAILING ADDRESS IF DIFFERENT FROM ABOVE I acknowledge that I have been notified that my driver's license/driving privilege: [X] is suspended or revoked for a period of 6 mo(s) effective ...... [ ] my conviction by this court or [ ] ..... [ ] action taken by the Virginia Department of Motor Vehicles pursuant to Va. Code § 46.2-390.1 for the Court's conviction or finding of facts sufficient to convict the offender of violating the drug laws (Va. Code §§ 18.2-247 through 18.2-264) of this Commonwealth [ ] determination by the Virginia Department of Motor Vehicles [ ] ..... that I am a habitual offender [X] has been suspended [ ] effective thirty days from the date of sentencing 01/13/2016 [X] effective ..... pursuant to Va. Code § 46.2-395 as a result of my failure to pay all or part of my fines, costs, forfeiture, restitution, and/or penalty 174.00 plus any additional court-appointed attorney fee, if applicable, [ ] has been suspended effective ..... .... is not paid by that date. if the Alcohol Safety Action Program fee of \$ ..... I further certify that on this date this notice, including Part I, was read, understood by me, a copy given to me and that my license surrendered to this Court. [] WAS [X] WAS NOT SEE PART I ON THE BACK OF THIS FORM FOR FURTHER STIP (LATIONS, WARNINGS AND INFORMATION CONCERNING THIS ACKNOWLEDGMENT WHICH ARE HEREBY INCORPORATED BY REFERENCE. [ ] FOR INSTALLMENT PAYMENTS [X] FOR DEFERRED PAYMENT II. PETITION [ ] DEFERRED FOR COMMUNITY SERVICE (for fines and costs only) at this time. Therefore, I petition the Court to allow me to pay the fines, costs, forfeiture, restitution and/or penalty plus any additional courtappointed attorney fee, if applicable, [ ] in installment payments [X] in a deferred payment in full [ ] by community service work (for fines and costs only). SEE PART II ON THE BACK OF THIS FORM FOR FURTHER STIPULATIONS, WARNINGS AND INFORMATION CONCERNING THIS ACKNOWLEDGMENT WHICH ARE HEREBY INCORPORATED BY REFERENCE. 10/15/2015 DATE EMPLOYER NAME DEFENDANT/PETITIONER TELEPHONE NUMBER DEFENDANT/PETITIONER MONTHLY INCOME [ ] make ..... installment payments of \$ ..... It is ordered that the petitioner beginning ...... DATE 01/13/2016 [x] make a deferred payment in full on or before ..... [ ] complete community service (fines and costs only) on or before ...... 10/15/2015 [] JUDGE CURRENT DATE

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